



## AUTOMATIC TRANSFER AUTHORIZATION

All transfer requests are subject to approval

NAME(S) OF ACCOUNT HOLDER(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

**TRANSFER FROM:**  **Checking**  **Savings**  **CD (Interest only)**  **Money Market**

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Acct # \_\_\_\_\_

**TRANSFER TO:**  **Checking**  **Savings**  **Loan**  **Money Market**

Bank Name: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Acct # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### FREQUENCY OF TRANSFER:

Monthly—Day: \_\_\_\_\_  Bi-weekly 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ (must be 14 days apart)

Weekly---Day of week (M-F): \_\_\_\_\_

Effective date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### AT LEAST ONE OF THE ACCOUNT HOLDERS FOR THE "TRANSFER FROM" ACCOUNT MUST SIGN BELOW.

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal. If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder

Date: \_\_\_\_\_

Please print and mail this form to:

First Federal Bank, Deposit Operations, P.O. Box 248, Defiance OH 43512

Or, take it to any First Federal Bank location near you. Questions? Call our Customer First Care Center at 1-877-367-8178. Thank you!